

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
PG3600USW

First Names Inventor:

**Farrow****Complete if known:**

App No.:

Filing Date

Group Art Unit:

( ) Declaration submitted with initial filing or

( X ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEMBER OF THE TNF LIGAND FAMILY**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ X ] was filed on \_\_\_\_\_ as United States application Serial No. 09/806,840 or PCT International

Application Number PCT/EP99/07303 filed October 5, 1999 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828628.9	GB	12/23/1998	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
2.	
3.	
4.	
5.	

## DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
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## DECLARATION FOR "371" APPLICATION

4002	FULL NAME OF INVENTOR	FAMILY NAME <b>WINDER</b>	FIRST GIVEN NAME <b>Alison</b>	SECOND GIVEN NAME/INITIAL <b>Janet</b>
0	INVENTOR'S SIGNATURE	<i>Alison J. Winder</i>		DATE: <b>31/7/01</b>
4	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER  
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Seiby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

## Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline,  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709

## Direct Telephone Calls to:

Virginia C. Bennett  
919-483-1012

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-00	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE			DATE: 31/7/2001
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2-00	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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3-00	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE			DATE: 31/07/2001
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION****STATUS (Check one)**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

**Send Correspondence to:**

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline,  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709

**Direct Telephone Calls to:**

Virginia C. Bennett  
919-483-1012

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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	INVENTOR'S SIGNATURE	<b>FARROW</b>	<b>Stuart</b>	<b>Neville</b>
0	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	DATE: <b>DATE:</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
			STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>	
2-00	FULL NAME OF INVENTOR	FAMILY NAME <b>KAPTEIN</b>	FIRST GIVEN NAME <b>Allard</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	CITY <b>BH Oss</b>	STATE OR FOREIGN COUNTRY <b>Netherlands</b>	DATE: <b>August 2, 2001</b>
2	RESIDENCE & CITIZENSHIP	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	COUNTRY OF CITIZENSHIP <b>NL</b>
			STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>	
2	FULL NAME OF INVENTOR	FAMILY NAME <b>KITSON</b>	FIRST GIVEN NAME <b>Jeremy</b>	SECOND GIVEN NAME/INITIAL <b>David Alisdair</b>
0	INVENTOR'S SIGNATURE	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	DATE:
3	RESIDENCE & CITIZENSHIP	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
			STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>	

## DECLARATION FOR "371" APPLICATION

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>WINDER</b>	FIRST GIVEN NAME <b>Alison</b>	SECOND GIVEN NAME/INITIAL <b>Janet</b>
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>Hertfordshire, GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2  0  8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			<u>DATE:</u>
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2  0  10	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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2  0  11	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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